

ADULT

Year: 2023

Health Release Form

Name _____ Birth Date _____

Home Address _____ Phone _____
(Street)

(City) (State) (Zip)

Emergency Contact:

Name _____ Phone _____

(Street) (City) (State) (Zip)

Insurance Carrier _____ Policy No. _____

Cardholder's SS # _____ Cardholder's DOB _____

Physician's Name _____ Phone _____

Please include a copy of your insurance card (FRONT and BACK of card).

Chicken Pox? Yes No Appendix removed? Yes No Fainting spells? Yes No
Convulsions? Yes No Asthma? Yes No Diabetes? Yes No
Heart trouble? Yes No Insect Bite Allergy? Yes No If Yes, what insect? _____
Food allergies? _____ Drug allergies? _____

Date of last Tetanus: _____

Please list **any** special conditions, restriction, etc. that staff and medical personnel should be aware of:

I grant permission for any other adult, affiliated with First Baptist Church of Amarillo (over the age of 21), to seek necessary medical attention on my behalf. This permission is effective for one year from January 1, 2023- December 31, 2023. I hereby release and forever discharge all other adults, affiliated with FBC Amarillo and of First Baptist Church, Amarillo, from all claims, demands, actions, or causes of action, past, present or future, arising out of any damage or injury while participating with FBC Amarillo.

Signature _____ **Date** _____